

## Chris Aquino

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**From:** WMATC E-Filing <administrator@wmatc.gov>  
**Sent:** Friday, January 30, 2015 4:13 PM  
**To:** Constantine Kolouas; Chris Aquino  
**Subject:** 2015 Annual Report - WMATC No: 1325, Carrier Name: KB Transportation, LLC  
**Attachments:** 54cbf3edb26c0-WMATC 2015 Renewal List.pdf

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### Washington Metropolitan Area Transit Commission 2015 Carrier Annual Report Form

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#### **FILING INFORMATION:**

- Each carrier holding a WMATC certificate of authority on January 1, 2015, must file a complete 2015 annual report and pay a \$150 annual fee on or before **February 2, 2015**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2015.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

#### **1. ANNUAL REPORT OF:**

**WMATC No.:** 1325

**Name of Carrier (as shown on certificate of authority):** KB Transportation, LLC

**Trade Name:**

**Principal Place of Business**

**Street Address:** 804 N Upton St

**Apt./Suite:**

**City:** Sterling

**State:** VA

**Zip:** 22182

**Mailing Address (if different from street address)**

**Street:** PO Box 10023

**Apt./Suite:**  
**City:** McLean  
**State:** VA  
**Zip:** 22102

**Telephone Number:** (202)558-0270  
**Other Telephone:**  
**Fax Number:** (703)442-8345  
**E-mail:** [linda@kegbus.com](mailto:linda@kegbus.com)

**2. OTHER PASSENGER CARRIER AUTHORITY** (if applicable, list carrier/permit number):

**USDOT No.:** 1516551  
**DCTC No.:**  
**Virginia DMV passenger carrier No.:**  
**Maryland PSC No.:**

**3. CARRIER CONTACT PERSON** (at mailing address to whom we should direct inquiries):

**Name:** Andrew K Norman  
**Title:** Managing Partner  
**Telephone Number:** (703)862-7734  
**Other Telephone:**  
**Fax Number:** (866)617-364  
**E-mail:** [info@kbtransportation.net](mailto:info@kbtransportation.net)

**4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS**

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

**Name of Registered Agent for Service of Process:**

**Agent Address:**  
**Apt./Suite:**  
**City:**  
**State:**  
**Zip:**  
**Telephone Number:**  
**E-mail:**

**5. \*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

none

**6. \*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

<b>Fleet No.</b>	<b>Year*</b>	<b>Make*</b>	<b>Vehicle VIN*</b>	<b>License Plate*</b>	<b>State*</b>	<b>Seating Cap.*</b>	<b>Wheel Chair</b>

**\*Your vehicle list was attached to your submission.**

**7. \*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

**Name:** Linda Norman

**Title:** Office Manager

**Date:** 01/30/2015

Fleet #	Year	Make	VIN	Plate #	State	Capacity	Wheelchair
2	1996	International	1HVBBAAP2TH401120	P160737	VA	28	no
8	1993	Bluebird	1BAGEBSA5PF053151	P167043	VA	20	no
9A	1993	Bluebird	1BAGKBSA0PF053180	P160011	VA	42	no
10	1997	Euro	4VZKK0490VC024010	P160735	VA	32	no
11	1997	Thomas	1T75U2B26V1148260	P160736	VA	45	no
12	1995	Prevost	2P9L33496S1001634	P158388	VA	50	no
14	2002	Ford	1FDXE45F42HB01580	P160733	VA	15	no
15	2003	Ford	1FDXE45F63HA11378	<b>P153052</b>	VA	20	yes
16	1995	Prevost	2P9H33418S1001165	P153050	VA	46	no
17	2006	FRHT	4UZAACBW26CW30187	P160738	VA	30	no